PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/645,566			ling Date 22/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
Г	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		N/A]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A]	N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ = 1		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *				x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ets of pape 250 (\$125 tional 50 s	er, the applicat for small entity	ion thereof. See							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If !	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL		
									ER THAN ALL ENTITY			
AMENDMENT	05/12/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ğΙ	Total (37 CFR 1.16(i))	· 49	Minus	~ 49	= 0]	x \$ =		OR	X \$50=	0	
ä١	Independent (37 CFR 1.16(h))	• 5	Minus	 5	= 0]	x \$ =		OR	X \$210=	0	
M	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z I	Total (37 CFR 1,16(i))	*	Minus	**	-]	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1/16(h))		Minus	***	:	1	x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))]]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))]			OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
*** If	If the entry in column 1 is less than the entry in column 2, write "or in column 3. Legal Instrument Examiner: If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3". In the Highest Number											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.12 and 37 CFR 1.4. It has location in estimated to the bet 2 minutes to complete, encluding pathenapy, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.